

Emergency Preparedness in Nevada

***Healthcare-Associated Infections:
Translating Knowledge into Practice
Conference***

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Public Health Preparedness Program

Washoe County District Health

Department



*July 23, 2009
1:30PM-2:30PM
The Renaissance Las Vegas Hotel*



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What is Public Health Preparedness?

It is the responsibility of Public Health to be capable of meeting the needs of any public health emergency within their community

Types of Public Health Emergencies

- **Natural or accidental disaster such as earthquake or chemical spill**
- **Infectious disease outbreak such as influenza or measles**
- **Bioterrorist event such as anthrax or smallpox**





What is Bioterrorism?

“The overt or covert dispensing of disease pathogens as biological weapons for the expressed purpose of causing harm”

Examples of CDC's Category A:

1. Anthrax
2. Botulism
3. Plague
4. Smallpox
5. Tularemia
6. Viral Hemorrhagic Fevers

<http://www.bt.cdc.gov/agent/agentlist-category.asp>



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What does PHP do?

- **Develop plans to address identified hazards and vulnerabilities**
- **Conduct drills and exercises to evaluate and refine plans and assure response readiness**
- **Communicate with local media to make sure the public receives appropriate information & recommendations**
- **Provide education & training to local doctors, nurses, public health professionals and Medical Reserve Corp (MRC) volunteers**





What does PHP do?

- Set up PODS (Points of Distribution/Dispensing) to provide vaccines or medications to a large number of non-ill people *if needed* during a public health emergency
- Develop and implement local Medical Reserve Corp (MRC) volunteer team to respond
- Conduct surveillance so that we can identify when a disease outbreak occurs in our area





What is Surge Capacity?

** Sarin Attack video from Tokyo **

The ability of healthcare and/or public health institutions to absorb a sudden increase in demand for service

- Naturally occurring outbreaks of disease (e.g. Pandemic Influenza)
- Human caused outbreaks (a.k.a. Bioterrorism)



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What is a POD?

Point of Distribution/Dispensing

- **A central location where dispensing of medication or vaccinations can take place on a large scale to prevent or slow the spread of a disease epidemic**





What can PODs do?

- **Federal Government provides ‘product’**
 - ✓ Vaccine
 - ✓ Preventive medicines
- **Goal**
 - ✓ 100% of the population
 - ✓ Within 48 hours of receiving the Strategic National Stockpile (SNS)
- **Distribution**
 - ✓ Walk through
 - ✓ Drive through
 - ✓ Closed/Private
 - ✓ Open/Public



Rotary Family Flu Shot Day

Full-Scale
Point of Dispensing (POD) Exercise
Saturday, October 24th, 2008





WCHD Numbers for This Event

- 1. Staffed by approximately 225 people**
- 2. Staff from 42 different organizations**
- 3. 85% to 90% of staff were volunteers**
- 4. Staff performed more than 60 different functions**
- 5. Staff served for over 6 hours**
- 6. Safely vaccinated over 2,500 people**
- 7. Vaccinated these people in 3.5 hours**





What is MRC?



Medical Reserve Corps

- Created to increase hospital and clinic surge capacity and staff PODs and alternate care sites in the event of a public health emergency
- Volunteer team made up of licensed medical and support personnel
 - ✓ Physicians
 - ✓ Nurses
 - ✓ EMTs
 - ✓ Pharmacists
 - ✓ Logistics and support specialists

Are you starting to see a linkage?
Surge Capacity Support!



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How Does WCDHD Know?

CDC Definition:

The term “syndromic surveillance” applies to surveillance using health-related data that precede diagnosis and signal a sufficient probability of a case or an outbreak to warrant further public health response.

Source: <http://www.cdc.gov/eпо/dphsi/syndromic.htm>



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Syndromic Surveillance

- **First Watch** - real time reports from EMS based on symptoms
- **EpiCenter**— records chief medical complaint from patient in ER
- **Sentinel Flu** – designated providers and ED report the number of patients seen with ILI
- **National Retail Data Monitor (NRDM)** – information from local pharmacies on OTC medication purchases
- **School Absenteeism** – information received daily from WC School District on total number of absent and number of absent due to medical reasons





Surveillance and the Provider

DISTRICT HEALTH



DEPARTMENT

REPORTING REQUIREMENTS UPDATE

April 2008

Fax reports to: (775) 328-3764

Physicians, laboratories, and other health care providers are required to report suspected and confirmed diagnoses of the following diseases and conditions to the District Health Department, pursuant to Nevada Administrative Code Chapter 441A.

REPORT IMMEDIATELY

Report the following diseases **within 24 hours, anytime, day or night, including weekends and holidays**, by calling (775) 328-2447:

- ✓ Extraordinary occurrence of any illness (e.g. Smallpox, SARS)*†
- ✓ Botulism*†
- ✓ Foodborne illness outbreak*†
- ✓ Meningococcal disease*
- ✓ Plague*†
- ✓ Rabies (human or animal)* †



Required Information:

- ♦ Disease or suspected disease
- ♦ Patient's full name
- ♦ Address
- ♦ Telephone number
- ♦ Date of birth (if known)
- ♦ Sex, Race (if known)
- ♦ Occupation (if known)
- ♦ Employer (if known)
- ♦ Date of disease onset
- ♦ Date of diagnosis
- ♦ Health Care Provider's name & contact information
- ♦ Any other information requested by the health authority, if available.

*Must report immediately

REPORT WITHIN ONE WORKING DAY

Fax completed reports with accompanying labs & demographic information to 328-3764.

Acquired immunodeficiency syndrome (AIDS)	Legionellosis
Amebiasis	Leptospirosis
Animal bite from a rabies susceptible species*†	Listeriosis
Anthrax	Lyme disease
Brucellosis	Lymphogranuloma venereum
Campylobacteriosis	Malaria
CD4 lymphocyte counts <500/ μ L▲	Measles (rubeola)†
Chancroid	Meningitis (specify type)
<i>Chlamydia trachomatis</i> infection	Mumps
Cholera	Pertussis
Coccidioidomycosis	Poliomyelitis
Cryptosporidiosis	Psittacosis
Diphtheria†	Q Fever
E. coli O157:H7	Relapsing fever
Encephalitis	Respiratory syncytial virus infection (RSV)
Giardiasis	Rocky Mountain Spotted Fever
Gonococcal infection	Rotavirus
Granuloma inguinale	Rubella (including congenital)†
Haemophilus influenzae (invasive disease)	Salmonellosis
Hansen's Disease (leprosy)	Severe reaction to immunization
Hantavirus	Shigellosis
Hemolytic-uremic syndrome (HUS)	Syphilis (including congenital)
Hepatitis A	Tetanus
Hepatitis B	Toxic shock syndrome
Hepatitis C	Trichinosis
Hepatitis delta	Tuberculosis†
Hepatitis, unspecified	Tularemia
Human immunodeficiency virus infection (HIV)	Typhoid fever
Influenza	West Nile Virus Infection
	Yersiniosis

†Must report when suspect

▲Laboratories only must report



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Provider Reports are Crucial

When disease or syndrome is:

- Not lab-confirmed yet but is “suspect”
- Doesn’t depend on laboratory tests
- When others are known to be exposed (outbreak) OR other important info not available to labs (travel history, index of suspicion)

Timely reporting is critical.....and it's the law



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Stay Informed

- **Health Alert Network (HAN)**
 - National integrated information and communications system coordinated by CDC
 - Supports dissemination of information at the state and local levels
 - Transmits Health Alerts, Advisories and Updates
 - Secure on-line system

- **Epi-News**
 - Monthly communicable disease newsletter targeted to local health care providers
 - Written and distributed by the Epidemiology staff
 - Available on-line or by fax

Sign up to receive these free resources!



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Public Health and Medical Providers

Working together to prepare and respond to public health emergencies



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Thank you!

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Southern Nevada Health District



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Objectives

- By the end of this seminar, you should be able to:
 - Know what the Strategic National Stockpile is
 - Understand the “Closed” Dispensing Site concept
 - Hospital requesting procedures
 - H1N1 impact on the community and health care workers response



Consider this...

- Whether by accident or as part of a terrorist attack, a biological agent such as anthrax has been released in Las Vegas.
- Local public health officials must get preventive medication to the entire population immediately in order to minimize illness and/or death.



Introduction



- **Cities Readiness Initiative – Las Vegas**
 - **Federally funded program**
 - **Established as part of the FY 2005 Public Health Emergency Preparedness Cooperative Agreement.**
 - **Response to the anthrax attacks of 2001.**
 - **Requires that cities have plans in place to provide oral medications to the entire population within 48 hours of the decision to do so.**



Strategic National Stockpile (SNS)

- **National supply of medications and medical supplies to be used for emergency situations.**
- **“Push-packs” can be deployed to anywhere in the US within 12 hours.**





Closed POD

- **Operated by a private organization**
 - **Private businesses**
 - **Resorts**
 - **Hospitals/Healthcare Facilities**
- **Intended for a specific population**
 - **Employees**
 - **Employee families**
 - **Guests/patients**
- **NOT open to the public**

Ask for Help



- **Stockpile supplies and PPE**
- **When your agency has depleted its resources, MOU with other hospitals, once these have been depleted, ask for resources and help from the SNHD and the county Emergency Management**



How to Request and Receive Resources

- **Review State of Nevada Resource Requesting Procedures for Hospitals**
- **NSHD, LHAs and NHA developed for Nevada**
- **Healthcare Facilities Liaison is designated as primary POC for Clark and Washoe County**
- **Training on these requesting procedures will be provided by the healthcare liaison in conjunction with NHA**



How to Request and Receive Resources

- **POC contact information is included in the Resource Requesting Forms**
- **These forms will soon be available through NHA**
- **Contact NHA to be added to the Hospital Preparedness Listserve**



H1N1

Mild Flu

Identify key personnel now and train 2-3 deep due to illness and death

Update your plans now

Clark County Health and Medical Annex

Non-pharmaceutical interventions

Antiviral Medications

Communications



H1N1

**Currently Nevada has over 400 cases
and 3 deaths**

**The ACIP guidelines will be released
soon**

**The guidelines will determine the tiers
that will first receive the vaccine.**

**Vaccine trials will be completed by the
end of August**



H1N1

Delivery of annual flu vaccine will be on time, H1N1 vaccine is expected later in the season

Facilities need to determine essential personnel

H1N1 vaccine will be initially managed by local health authority in coordination with NSHD



All Hazard Preparedness

- **Educate your staff to have a family disaster plan, so they will respond to work**
- **Avoid sick people**
- **Cover cough and sneeze**
- **Frequent hand washing**
- **Stay home from work or school if sick**
- **Annual flu vaccine**



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